

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 0275L-000597/COB

First Inventor Richard K. Brashears et al.

Title AIR COMPRESSOR WITH IMPROVED HAND PORTABILITY

Express Mail Label No. EL623520147US

PTO

22154 U.S. \$1.90  
10/630/03  
07/30/03**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 27]<br>(preferred arrangement set forth below)  | a. <input type="checkbox"/> Computer Readable Form (CRF)   |
| - Descriptive title of the Invention  | b. Specification Sequence Listing on:  |
| - Cross References to Related Applications  | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or  |
| - Statement Regarding Fed sponsored R & D   | ii. <input type="checkbox"/> paper   |
| - Reference to sequence listing, a table, or a computer program listing appendix  | c. <input type="checkbox"/> Statements verifying identity of above copies  |
| - Background of the Invention   |  |
| - Brief Summary of the Invention  |  |
| - Brief Description of the Drawings (if filed)  |  |
| - Detailed Description  |  |
| - Claim(s)  |  |
| - Abstract of the Disclosure  |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
| 5. Oath or Declaration [Total Pages 4]  | 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney                      |
| a. <input type="checkbox"/> Newly executed (original or copy)   | 11. <input type="checkbox"/> English Translation Document (if applicable)  |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br>(for a continuation/divisional with Box 18 completed)                                       | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations              |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b). | 13. <input type="checkbox"/> Preliminary Amendment   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)  |
|   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |
|   | 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent. |
|   | 17. <input type="checkbox"/> Other: _____  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 10 / 154,416

Prior application information: Examiner Charles Freay Group / Art Unit: 3746

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

27572

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

Name (Print/Type)	Michael D. Zalobsky		Registration No. (Attorney/Agent)	45,512
Signature			Date	July 30, 2003

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 1056)*Complete if Known*

Application Number	N/A
Filing Date	N/A
First Named Inventor	Richard K. Brashears et al.
Examiner Name	N/A
Group / Art Unit	N/A
Attorney Docket No.	0275L-000597/COB

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money  Other  None Order
 Deposit Account:

Deposit Account Number

02-2548

Deposit Account Name

Black &amp; Decker (U.S.) Inc.

**The Commissioner is authorized to:** (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
<b>SUBTOTAL (1)</b>			(\$ 750)

**2. EXTRA CLAIM FEES**

Large Entity	Small Entity	Extra Claims	Fee from below	Fee Paid
		Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				(\$ 306)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$ 0)

**SUBMITTED BY***Complete (if applicable)*

Name (Print/Type)	Michael D. Zalobsky	Registration No. Attorney/Agent)	45,512	Telephone	248-641-1600
Signature				Date	July 30, 2003

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, Washington, DC 20231.**

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.